

**VIII. ABUSE SCREEN**Reports physical or psychological abuse  No  Yes Unexplained injury  No  YesSuspicious bruises or markings  No  Yes Appears neglected  No  YesIf yes to any criteria, notify  physician,  social worker and document in progress notes.

P51

**IX. DISCHARGE PLANNING** Patient will need referral for: Home Care  Nursing Facility  Rehab  Other \_\_\_\_\_

Family / Significant Other to Notify in Case of Emergency

Name: Larry Schoolcraft Relationship: Father Phone: 957-2486  
646Address: 196 County Highway 107 Johnstown NY 12095**X. PATIENT BILL OF RIGHTS** Provided a booklet, *Your Rights as a Hospital Patient in New York State*, which includes the following information:

- Patient's Bill of Rights
- An Important Message Regarding Your Rights as a Hospital Patient
- Important Message from Medicare
- Planning in Advance for Your Medical Treatment (Advance Directive)
- Deciding about CPR (DNR) Orders - A Guide for Patients
- Letter from the New York State Department (Re: SPARCS)

SCHOOLCRAFT, ADRIAN  
PT#: 130381874  
FIC: 19 S  
MIR: 1298984  
DOB: 11/03/1975 34Y M 03MH9HAL 01  
ADM: 11/03/2009 15:00  
HOVANESIAN, SHUSHAN

**XI. ADVANCED DIRECTIVES** NO

Provided assistance in formulating Advanced directive  
 Patient does not wish further information

 YES

If yes, Indicate type?

Health Care Proxy  Do Not Resuscitate  
 Living Will  Durable Power of Attorney

Is copy placed on chart?  YES  NO  
If No, when will copy be placed? \_\_\_\_\_**XII. NURSING DIAGNOSIS/PROBLEMS:**

Alt thought process. See Alt feeling state as evidenced by paranoia, fear and, suspiciousness.

**XIII. EXPECTED OUTCOMES: Indicate Goals for Discharge**

Pt will comply with his medication regimen.

Pt will attend unit groups and activities. Pt will identify his strengths and support systems.

DATE 11/3/09 PRINT NAME Sharon Barnaby SIGNATURE Sharon Barnaby (RN)  
TITLE

**JAMAICA HOSPITAL  
MEDICAL CENTER  
DEPARTMENT OF PSYCHIATRY**

**CREATIVE ARTS THERAPY ASSESSMENT**

P.12

SCHOOLCRAFT, ADRIAN  
M/R: 1298984 PT#: 130381874  
DOB: 12/1975 34Y M F/C: 19 S  
ADM: 11/03/2009 15:00 03MH9HAL, 01  
HOVANESIAN, GULSHAN

**Functional Skill Area**

	Behavioral Example (if applicable)		
Motivation	PT has not attended group since admission. Not enough contact to assess.		
Follows Directions			
Plans/Organizes			
Problem Solving			
Works Independently			
Frustration Tolerance			
Concentration			
Making Decisions			
Meeting New People			
Being Assertive			
Relatedness			
Accepting Responsibility			
Accepting Feedback			
Impulse Control			
Reality Testing			
Self-Awareness			
Express-ability			
Strengths/Assets:			

**Weaknesses:**

**Preferred Modality: (e.g.: Verbal, Art, Movement etc.)**

**Goals:**

**Recommendations:**

**Signature:**

Printed name & title

Gabriel Portas MA CAT-Limited PTA 11/6/09  
GABRIEL PORTAS, MA CAT-Limited PTA



JAMAICA HOSPITAL  
MEDICAL CENTER

DEPARTMENT OF NURSING

SCHOOLCRAFT, ADRIAN  
1296984 M DOB: 1/1975 34Y  
ADM:11/01/2009 162B 130381874 00  
ALDANA-BERNIER, LILIAN R PSYC

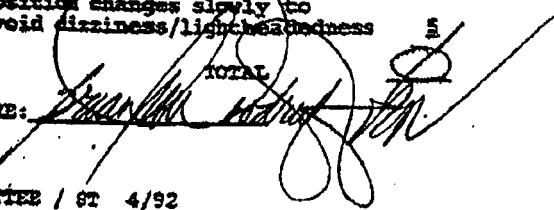
P53

FALL RISK ASSESSMENT

DIRECTIONS: Use the following assessment tool to identify patients at risk for falls. Circle the score for each risk factor which applies to your patient. Patients with a score of 5 or more must be placed on the fall prevention program (Spot the Dot). Risk factors along with Process Standards must be incorporated in the Patient Care Plan.

RISK FACTORS	PROCESS STANDARDS	SCORE
1. Age	1. Assess age changes related to functional status (over 65 years old)	5
2. History of previous falls	1. Ascertain from patient and family previous fall patterns and initiate Spot the Dot Program as necessary. 2. Discuss activity limitations with patient and family.	5
	3. Provide safe environment - Call light within reach - Bed in low position - Bed wheels locked - Side rails up - Night light or bathroom light on	5
3. Mental Status - Dementia - Psychoses - Delirium Tremens - Seizures	1. Assess patient's mental status - Orientation - Memory - Judgment - Behavior 2. Assess needs for restraints. 3. Assess need for placing patient in room near nurses' station. 4. Assess need for companion supervision.	5
4. Debilitation/weakness/ cachexia	1. Assess patient's self-care ability. 2. Assess patient's ability to turn, pull and move about freely. 3. Arrange furniture/equipment to provide safe environment.	5
5. Mobility Deficits - Hemiparesis - Paraparesis - Hemiplegia - Paraplegia - Ataxia - Use of prosthetic devices - Use of cane/crutches - Amputee - Parkinson's disease	1. Assess patient's ambulatory status; have patient demonstrate walking. 2. Provide safe environment: - Maintain bed in low position with breaks locked. - Keep side rails in operable and within reach. - Place assistive devices and necessary equipment within reach while maintaining safe environment. - Have patient wear appropriate footwear when ambulating. - Utilize night light.	5

6. Communication Deficits	<ul style="list-style-type: none"> <li>- Dysarthria</li> <li>- Aphagia</li> <li>- No verbalization</li> <li>- Language barrier</li> </ul>	<ol style="list-style-type: none"> <li>1. Assess patient's communication status.</li> <li>2. Establish effective mode of communication.</li> <li>3. Provide interpreter where needed.</li> <li>4. Make patient rounds q 1-2 hours as needed.</li> </ol>	1
7. Visual Deficits	<ul style="list-style-type: none"> <li>- Blindness</li> <li>- Blurred vision</li> <li>- Night blindness</li> <li>- Post-op eye surgery</li> <li>- Use of eye glasses/ contact lenses</li> </ul>	<ol style="list-style-type: none"> <li>1. Assess vision.</li> <li>2. Check effectiveness of eye glasses.</li> <li>3. Sign in room indicating sensory deficit.</li> <li>4. Instruct patient to call for assistance as necessary.</li> </ol>	5
8. Medications	<ul style="list-style-type: none"> <li>- Barbiturates</li> <li>- Tranquillizers</li> <li>- Pain meds</li> <li>- Hypnotics</li> <li>- Anesthetics</li> <li>- Antihypertensives</li> <li>- Diuretics</li> <li>- Laxatives</li> <li>- Eye gtt's.</li> </ul>	<ol style="list-style-type: none"> <li>1. Evaluate patient's medications/dosages, regimen and side effect potential.</li> <li>2. Alert patient to possible side effects and instruct patient to call for the nurse should any side effect be experienced.</li> <li>3. Closely observe all post-operative patients for anesthesia side effects and observe patient's mobility.</li> <li>4. Plan toileting schedule.</li> </ol>	1
9. Alteration in bladder function		<ol style="list-style-type: none"> <li>1. Assess patient's present elimination patterns Note urgency, nocturia frequency.</li> <li>2. Plan toileting schedule if indicated.</li> <li>3. Assess need for assistive devices such as commode or Texas catheter.</li> <li>4. Instruct patient to call for help as needed.</li> </ol>	5
10. Auditory Deficits		<p>Note: Rehabilitation patients</p> <ol style="list-style-type: none"> <li>1. Assess patient's ability to hear.</li> <li>2. Check effectiveness of hearing aid/batteries.</li> <li>3. Determine tone and volume necessary for communication.</li> <li>4. Place sign in room indicating sensory deficit.</li> </ol>	1
11. Orthostasis/ Hypotension	<ul style="list-style-type: none"> <li>- Menier's Syndrome</li> <li>- Syncope episodes</li> <li>- Vertigo</li> </ul>	<ol style="list-style-type: none"> <li>1. Assess prior history of fluctuations in blood pressure on position change.</li> <li>2. Instruct patient in the importance of making position changes slowly to avoid dizziness/light-headedness</li> </ol>	5

DATE: 11/1/09SIGNATURE: 

TOTAL

Original : P & P / EP 8/89  
 Revised: MCQICC & P & P COMMITTEE / ST 4/92  
 ROUTE TO NURSING OFFICE UPON DISCHARGE

P55

Form 8300, 04/01/00 (Rev. 9/98)

New York  
SCHOOL HEALTH

<b>NOTICE OF STATUS AND RIGHTS EMERGENCY ADMISSION</b> (to be given to the patient at the time of admission to the hospital)		SCHOOLCRAFT, ADRIAN MIR: 1298984 PT#: 130381874 DOB: 11/1/1978 34Y M FIC: 19 S ADM: 11/03/2009 16:00 03MH9HAL01 HOVANESIAN, SHUSHAN Date of Birth _____ Facility Name _____	
Section 8.29 Mental Hygiene Law  TO: <u>SCHOOLCRAFT, Adrian</u>		Date of Admit to Hospital 11/03/09	Date 09/05
<p>Based upon an examination by a staff physician, you have been admitted as an emergency-status patient to this hospital for persons with mental illness for immediate observation, care and treatment. Within 48 hours of the time of your admission, you will be examined by another physician, who is a member of the psychiatric staff of this hospital. If he or she confirms the first physician's findings, you may then be kept in the hospital for a period of up to 15 days from the date of your arrival. During this 15 day period you may be released, converted to involuntary status, or asked to remain as a voluntary or informal patient.</p> <p>You, and anyone acting on your behalf, should feel free to ask hospital staff about your condition, your status and rights under the Mental Hygiene Law, and the rules and regulations of this hospital.</p> <p>If you, or those acting on your behalf, believe that you do not need immediate observation, care and treatment, you or they may make a written request for a court hearing. Copies of such a request will be forwarded by the hospital director to the appropriate court and the Mental Hygiene Legal Service.</p>			
<b>MENTAL HYGIENE LEGAL SERVICE</b>			
<p>The Mental Hygiene Legal Service, a court agency independent of this hospital, can provide you and your family with protective legal services, advice and assistance, including representation, with regard to your hospitalization. You are entitled to be informed of your rights regarding hospitalization and treatment, and have a right to a court hearing, to be represented by a lawyer, and to seek independent medical opinion.</p> <p>You, or someone acting on your behalf, may see or communicate with a representative of the Mental Hygiene Legal Service by telephoning or writing directly to the office of the Service or by requesting hospital staff to make such arrangements for you.</p> <p>The Mental Hygiene Legal Service representative for this hospital may be reached at:</p>			
<b>MENTAL HEALTH LEGAL SERVICES CREEDMOOR PSYCHIATRIC CENTER 80-45 WINCHESTER BOULEVARD QUEENS VILLAGE, NY 11247 TELEPHONE NUMBER (718) 264-3342</b>			
<b>THE ABOVE PATIENT HAS BEEN GIVEN A COPY OF THIS NOTICE.</b>			
<u>Adrian Schoolcraft</u> <small>Signature of Staff Physician</small>		<u>11/03/09</u> <small>Date</small>	
<small>COPIES TO: Persons designated by patient to be informed of admission. (If none, write in "None")</small>			
<hr/> <hr/> <hr/>			
<small>A copy of this Notice of Status and Rights is also being sent to the Mental Hygiene Legal Service. State and Federal Laws prohibit discrimination based on race, color, creed, national origin, age, sex, or disability.</small>			

Form CMH 424-01 (Rev 6/64) (4-64)

State of New York  
OFFICE OF MENTAL HEALTH

NOTIFICACION DE ESTADO LEGAL Y DERECHOS INGRESO DE EMERGENCIA (Para ver estacionado el paciente el momento del ingreso al hospital) Sección 9.30 de la Ley de Higiene Mental		Nombre del paciente (Apellido, Nombre, Próstiles) del segundo nombre	Documento número
		Nombre .....	Fecha de nacimiento .....
		Centro de la Institución	Centro/Plaza/Oficina/...
		Fecha de ingreso al hospital	Mon. <input type="checkbox"/> Tu. <input type="checkbox"/> Mi. <input type="checkbox"/> Jue. <input type="checkbox"/> Vie. <input type="checkbox"/> Sáb. <input type="checkbox"/> Dom. <input type="checkbox"/>
A:			

Riendo en los enfermos de un médico de este hospital, usted ha sido admitido como paciente con estado legal de emergencia a este hospital para personas con enfermedades mentales, para observación, cuidado, y tratamiento inmediato. Dentro de 48 horas a partir del momento del ingreso, usted será examinado por otro médico miembro del departamento psiquiátrico de este hospital. Si se confirman los informes del primer médico, usted permanecerá internado en el hospital por un período de hasta 15 días a partir de su llegada. Durante este período de 15 días usted puede ser dado de alta, cambiado a estado legal involuntario o permanecer internado como paciente voluntario o informal.

Usted y cualquiera que actúe en representación suya están en libertad de preguntar al personal del hospital acerca de su condición, su estado legal y derechos bajo la ley de higiene mental y las normas y reglamentos de este hospital.

Si usted o sus representantes consideran que usted no necesita observación, cuidado y tratamiento inmediatos, usted o ellos pueden hacer una petición escrita para una audiencia ante el tribunal. Las copias de dicha petición serán enviadas por el director(a) del hospital al tribunal apropiado y al Servicio Legal de Higiene Mental.

#### SERVICIO LEGAL DE HIGIENE MENTAL

El Servicio Legal de Higiene Mental, una agencia del tribunal no relacionada con este hospital, puede proporcionar a usted y a su familia servicios legales de protección, consejería y asistencia, incluyendo representación con relación a su hospitalización. Usted tiene derecho a ser informado sobre sus derechos relacionados con la hospitalización y tratamiento al igual que a una audiencia ante el tribunal, a ser representado por un abogado y a buscar opinión médica independiente.

Usted o cualquier otra persona actuando en representación suya puede ver o comunicarse con un representante del Servicio Legal de Higiene Mental ya sea por teléfono o escribiendo directamente a la oficina del Servicio o solicitando al personal del hospital que haga tales arreglos por usted.

El representante del Servicio Legal de Higiene Mental de este hospital puede ser localizado en:

#### AL PACIENTE ANTERIORMENTE MENCIONADO SE LE HA ENTREGADO UNA COPIA DE ESTA NOTIFICACION

Firma del médico

Fecha

COPIAS AL PERSONA designada por el paciente para ser informada  
acerca del ingreso. (Si es menor) nombre "CONSIGUO".

Una copia de esta notificación de estado legal y derechos será también enviada al Servicio Legal de Higiene Mental. Las leyes estatales y federales prohíben la discriminación basada en raza, color, credo, nacionalidad, edad, sexo o discapacidad.

P57

Form 939 on page

		SCHOOLCRAFT, ADRIAN M/R: 1298984 PT# 130381874 DOB: 10/1975 34Y M F/C: 19 S ADM: 11/03/2009 15:00 03MH9HAL01 HOVANESIAN, SHUSHAN	
EMERGENCY ADMISSION Section 939 Mental Hygiene Law		Initials	Date of Birth
		Facility Name	Unit/Room No.
<p><b>I. General Provisions for Emergency Admission</b></p> <p>A. In order for a person to be admitted to a hospital according to Section 939 of the Mental Hygiene Law, all the following requirements must be met:</p> <ol style="list-style-type: none"> <li>1. The hospital must be approved by the Commissioner of Mental Health to receive and retain patients according to this Section;</li> <li>2. The person must be alleged to have a mental illness for which immediate observation, care, and treatment in a hospital is appropriate and which is likely to result in serious harm to himself or herself or others. "Likelihood to result in serious harm" means: <ul style="list-style-type: none"> <li>— a substantial risk of physical harm to the person as manifested by threats of or attempts at suicide or serious bodily harm or other conduct demonstrating that the person is dangerous to himself or herself ("other conduct" shall include the person's refusal or inability to meet his or her essential need for food, shelter, clothing, or health care, provided that such refusal or inability is likely to result in serious harm if there is not immediate hospitalization), or</li> <li>— a substantial risk of physical harm to other persons as manifested by homicidal or other violent behavior by which others are placed in reasonable fear of serious physical harm.</li> </ul> </li> <li>3. A staff physician of the admitting hospital must examine the person and find that the person meets the standard for admission under this Section. The physician then completes this Form, OMH 474, Emergency Admissions.</li> </ol> <p>B. A person who is alleged or appears to be mentally ill may be taken into custody, transported, or removed to a hospital approved to accept emergency admissions, according to the following sections of the Mental Hygiene Law:</p> <ul style="list-style-type: none"> <li>— Section 941 - Powers of Certain Peace Officers and Police Officers, Form OMH 474A/475A, I</li> <li>— Section 945 - Powers of Courts - Form OMH 485, Civil Order for Removal to Hospital</li> <li>— Section 946 - Powers of Directors of Community Services, Form OMH 474A/475A, II</li> <li>— Section 955 - Powers of Qualified Psychiatrists, Form OMH 474A/475A, III</li> <li>— Section 957 - Powers of Emergency Room Physicians, Form OMH 474A/475A, IV</li> </ul> <p>C. On admission, the person will be given a written notice of status and rights as a patient admitted according to MHL Section 939. This notice will also be given to the Mental Hygiene Legal Service and up to three other persons designated by the person admitted.</p> <p>If a person admitted according to this Section is to be retained in the hospital for more than 48 hours, another physician, who is a member of the psychiatric staff of the hospital, must examine the person and confirm the admitting physician's findings by completing page 2 of the form (OMH 474).</p> <p>Within 15 days of admission, if it is determined that the person is not in need of involuntary care and treatment, s/he shall be discharged unless s/he is suitable and agrees to remain as a voluntary patient. If the person is in need of continued inpatient care and treatment, and is not suitable or will not agree to remain as a voluntary patient, s/he may be retained beyond 15 days only by completion of an application and two medical examinations as required for admission according to MHL Section 927 - Involuntary Admission on Medical Certification.</p>			
<p><b>II. Record of Admission</b></p> <p>A. The above-named person was brought to this hospital by <i>Frank Delorenzo M.D. Esq.</i></p> <p>Name _____ Title/Badge No (if applicable) _____ Address _____ Phone _____</p> <p>Relationship to Patient _____ Admitting Physician _____</p> <p>Time of arrival at hospital: <i>14 03 10 19 23 03</i> <input type="checkbox"/> AM <input type="checkbox"/> PM</p>			
<p>B. Circumstances which led to the person being brought to this hospital</p> <p>(If applicable) Person was taken into custody, transported, or removed to this hospital in accordance with MHL Section _____</p> <p><i>patient is a danger to himself - lunatic, dangerous to himself. will benefit from inpatient stabilization</i></p>			
<p>C. I HAVE EXAMINED THE ABOVE-NAMED PERSON PRIOR TO ADMISSION AND FIND THERE IS REASONABLE CAUSE TO BELIEVE THAT THE PERSON HAS A MENTAL ILLNESS FOR WHICH IMMEDIATE OBSERVATION, CARE AND TREATMENT IN A MENTAL HOSPITAL IS APPROPRIATE AND WHICH IS LIKELY TO RESULT IN SERIOUS HARM TO HIMSELF OR HERSELF OR OTHERS</p> <p>Physician's Signature <i>John Orlans, M.D.</i> Date <i>11 03 09 11</i> <input type="checkbox"/> AM <input type="checkbox"/> PM</p>			

P58

Form 0104-024 (2-6-97 page 2)		SCHOOLCRAFT, ADRIAN		State of New York Office of Mental Health											
EMERGENCY ADMISSION Section 8.38 Mental Hygiene Law		M/R: 1298984 PT# 130381874 F/C: 18 S DOB: 10/1976 34Y M ADM: 11/03/2009 15:00 03MH9HAL 01 HUMANESIAN CHICCHAN													
III. Examination to Confirm Need for Extension of Emergency Commitment beyond 48 Hours															
A. Pertinent and Significant Past in Patient's Medical and Psychiatric History: 34 y.o. male without past Y history presented to B.R. m/s " paranoid " Electron and admitted for further evaluation															
B. Physical Condition (including any special test reports): Stable															
C. Mental Condition: The conduct of the patient (including statements made to me by others) has been: Pt very nervous, fatigued afraid that he is superior in the police department Wanting to "get rid of him"															
D. The patient shows the following psychiatric signs and symptoms: Anxiety and paranoid quality of thoughts															
E. Does the patient show a tendency to cause serious harm to himself? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No to others? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No															
F. Yes answer _____															
G. Mental diagnosis if determined: Psychosis NOS R/o Adjustment disorder															
IV. Psychiatrist's Confirmation															
I have personally observed and examined <u>Schoolcraft, Adrian</u> on <u>11/09/09</u> <small>(Patient's Name)</small> <table border="1" style="float: right; margin-right: 10px;"> <tr> <td>MONTH</td> <td>DAY</td> <td>YEAR</td> <td>HOUR</td> <td>MINUTE</td> </tr> <tr> <td>11</td> <td>09</td> <td>09</td> <td>15</td> <td>00</td> </tr> </table>						MONTH	DAY	YEAR	HOUR	MINUTE	11	09	09	15	00
MONTH	DAY	YEAR	HOUR	MINUTE											
11	09	09	15	00											
Based on such examination and the case history, I hereby confirm that there is reasonable cause to believe that the patient has a mental illness for which immediate care and treatment in a hospital is appropriate and which is likely to result in serious harm to himself or herself or others. The facts stated and information contained herein are true to the best of my knowledge and belief.															
I am on the psychiatric staff of <u>Janece</u> Hospital <u>Jones</u> <small>(Signature)</small>															



JAMAICA HOSPITAL  
MEDICAL CENTER  
6000 Van Wyck Expressway, Jamaica, NY 11434

646-957-2486 (FATHER) P59

LOCATION: 081X

646-957-2486

DATE AND TIME OF ARRIVAL: 10/31/2009 23:03

EMERGENCY MEDICINE RECORD

REGISTRATION

PATIENT'S NAME

SCHOOLCRAFT

MEDICAL RECORD NO. 1298984

PATIENT TYPE E

PATIENT ACCOUNT NO. 130381015

SOCIAL SECURITY NO.

DATE OF BIRTH

AGE

1975 34Y

STREET ADDRESS

82-60 88 Pl

CITY

STATE

ZIP CODE

TELEPHONE NO.

PLACE OF BIRTH

FIN. CL.

SEX

RACE

RELIGION

MARITAL STATUS

FATHER'S NAME

MOTHER'S MAIDEN NAME, FIRST NAME

01

M

W

S

PRIVATE M.D. NAME OR CLINIC NAME

PATIENT COMPLAINT

LANGUAGE

INTREP. REQ.

ENG

N

MODE OF ARRIVAL

ACCOMPANIED BY

RELATIONSHIP

TELEPHONE NO.

INJURED AT WORK?

AUTO ACCIDENT?

DATE AND TIME OF ACCIDENT

POLICE OFFICER NAME & BADGE NO.

PCT. NO. REFERRED FROM

PMD  TRUMP  CLINIC  PP  OTHER

NEXT OF KIN

TELEPHONE NO.

NEXT OF KIN ADDRESS

RELATIONSHIP  
TO PATIENT

GUARANTOR'S NAME

Wife

STREET ADDRESS

CITY

STATE

ZIP CODE

GUARANTOR'S DOB. NO.

TELEPHONE NO.

GUARANTOR'S EMPLOYER

ADDRESS

TELEPHONE NO.

PATIENT'S EMPLOYER NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

NAME

GROUP NO.

POLICY NO.

INSURANCE #1:

NAME

GROUP NO.

POLICY NO.

INSURANCE #2:

HOSPITALIZED PAST 60 DAYS?

IF YES, WHERE AND WHEN?

PLACE OF ACCIDENT

CRIME VICTIM PCT. NO.

CRIME VICTIM COMPLAINT NO.

COMMENTS

INJURIES

TIME B.P.

PULSE

RESP

TEMP

TIME B.P.

PULSE

RESP

TEMP

OXYGEN GIVEN

EKG INITIALS

CARDIAC MONITOR INITIALS

IV ANGIO# INITIALS

FLUID INITIALS

METHOD INITIALS

OTHER NOTES

ADVANCED DIRECTIVES DISCUSSED

HEALTH CARE PROXY

YES

NO AGENT'S NAME:

RN SIGNATURE

DATE

TIME

MD SIGNATURE

RN SIGNATURE

TIME



P60

SCHOOLCRAFT, ADRIAN  
 1298884 M DOB: 12/1975 34Y F/C: 19 S  
 ADM: 11/03/2009 15:00 03MH 9HAL 01 130381874  
 HOVANESIAN, SHUSHAN

### CONSENT FOR GENERAL ADMISSION/ EXAMINATION/TREATMENT

I authorize my admission to The Jamaica Hospital Medical Center ("Hospital"). I authorize the Hospital, the attending physicians and dentists or its medical staff, assisted by the House Staff, Nursing Staff, Allied Health Staff (employees of the Hospital) and students (nonemployees), to provide such medical and/or dental care and to administer such routine diagnostic tests and procedures, including but not limited to, diagnostic x-rays; the administration and/or injection of pharmaceutical products and medications; the drawing of and/or administration of blood or other derivatives, as is deemed necessary or advisable in my care.

I understand that the attending physicians managing or participating in my care may not be employees or agents of the Hospital. I also understand that the Hospital is only responsible for the care rendered by Hospital employees and/or agents.

I acknowledge that no guarantees or assurances have been made to me concerning the outcome of treatments or examinations in the Hospital.

I confirm that I have read and fully understand the above.

Patient/Authorized Person:

At refusal  
 Signature

Print Name

(If Required)

Interpreter: \_\_\_\_\_

Signature

Relationship, If signed by  
 person other than patient

Print Name

Witness:

John Bawdy  
 Signature

Print Name

Date: 11/9/07

\*The signature of the patient must be obtained unless the patient is an unemancipated minor under the age of 18, incompetent, or is otherwise incapacitated.

J00003 REV 9/08

NOTE: THIS DOCUMENT MUST BE MADE PART OF THE PATIENT'S MEDICAL RECORD.



JAMAICA HOSPITAL  
MEDICAL CENTER

Department of Psychiatry  
Emergency Division

**Nursing Assessment  
Form**

PT NAME:

SCHOOLCRAFT, ADRIAN  
1298884 M DOB: 11/1975 34Y  
ADM:11/01/2009 1828 130381874 99  
ALDANA-BERNIER, LILIAN R PSYC

P 61

MRF:

AGE:

SEX:

Date: 11/11/09 Time: 9 AM Catchment Area:

Informant:  Patient  Family  Police  Other Consultation, Repariz

Name of Informant: \_\_\_\_\_ Telephone #: \_\_\_\_\_

**MODE OF ARRIVAL:**

Walk in:  Self  Family  Ambulance  Transfer  Court Remand

Police: \_\_\_\_\_ Badge #: \_\_\_\_\_ PCT: \_\_\_\_\_ Prisoner:  Yes  No

Handcuffs:  Yes  No Other: \_\_\_\_\_

Patient's Chief Complaint: *Denies*

Circumstances Leading to Admission: *B1B/NYPD p client was deemed to be paranoid & a danger to himself by the Blue Line*

Hospitalization(s) (where): *Denies* When: *NA*

Current Psychiatric or Medical Conditions: *Denies*

Treatment and/or Medication: *Denies*

Diabetes:  Yes  No

Hypertension:  Yes  No

Drug:  Yes  No

Cardiac:  Yes  No

Respiratory:  Yes  No

Alcohol:  Yes  No

Seizure Disorder:  Yes  No

Smoking:  Yes  No

If yes, Explain: \_\_\_\_\_

Skin Conditions - Contusions/Laceration:  Yes *2/27/02*

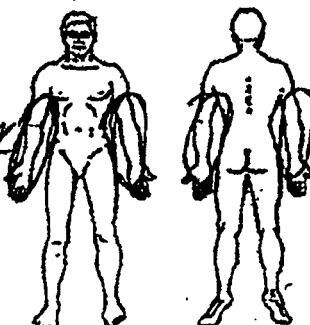
Describe location, size, color, drainage, odor: *purple/black*

Scars/Rashes:  Yes  No

Describe location, size: \_\_\_\_\_

Allergies/Medication:  Yes  No \_\_\_\_\_

Food:  Yes  No \_\_\_\_\_



## PHYSICAL EXAM

P62

Temp: 99.0 BP: 139/80  
 P: 115 HT: 6'3"  
 R: 18 WT: 108KG

SCHOOLCRAFT, ADRIAN  
 1238984 M DOB: 11/1975 34Y  
 ADM: 11/01/2009 162B 130381874 99  
 ALDANA-BERNIER, LILIAN R PSYC

## PATIENTS APPEARANCE

Appetite: GoodSleeping Pattern: fair

## ATTITUDE/MOOD

Cooperative  Uncooperative  Anxious  Panic  Hostile  
 Guarded  Suspicious  Angry  Sad  Tearful  
 Elated  Demanding  Seductive

Clear  Normal Rate  Slurred  Slow  Rapid  
 Mute  Loud  Soft  Shouting  Relevant  
 Spontaneous  Incoherent  Abusive/Cursing

Others:

Logical/Goal-Directed  Blocking  Rambling  Evasive  Oriented  
 Time  Place  Person

Yes  No  Yes  No

paranoid / persecutory  
delusions

Yes  No

feel that his supervisor has  
ill feelings towards him

Yes  No

Yes  No

Gestures:  Yes  No

Gestures:  Yes  No

Attempts:  Yes  No

Attempts:  Yes  No

P63

SCHOOLCRAFT, ADRIAN  
 1208884 M DOB: 1/1973 34Y  
 ADM: 11/01/2009 1628 130381874 99  
 ALDANA-BERNIER, LILIAN R PSYC

Pain Assessment Score: (From Triage Form): 0

Dentures  Yes Upper: \_\_\_\_\_ Lower: \_\_\_\_\_  No  
 Eyeglasses  Yes  No

**CONDITIONS THAT MAY PLACE A PATIENT AT GREATER RISK DURING RESTRAINT/SECLUSION**

Medical Conditions: None  
 Physical Limitations: None

Are you currently the victim of physical/sexual abuse?  Yes  No  
 Were you at any time in the past the victim of physical or sexual abuse?  Yes  No

**RISK ASSESSMENT FOR BEHAVIORAL DISCONTROL**

For Restraints/Seclusion:  Yes  No If yes, specify reasons:  Combative/Violent  
 Behavior  Impulsive Behavior

**FOR RESTRAINT/SECLUSION ONLY**

Do you want your family/significant other to be notified?  Yes  No

Family has agreed to be notified at the initiation of Restraint/Seclusion:  Yes  No

Family has agreed to be notified the following morning regarding a Restraint/Seclusion  
 which occurs after 9:00PM  Yes  No

**PERTINENT FINDINGS**

See Empower

**NURSING PROBLEM(S) / DIAGNOSIS**

See Empower

**PLANNED NURSING INTERVENTIONS**

See Empower

Discharged from Emergency Department  Admitted  Other  
 Transferred to:

11/11/09 9AM  
 DATE TIME

PRINT

3

B. Workoff

SIGNATURE

See Empower


**JAMAICA HOSPITAL  
MEDICAL CENTER**
**HISTORY & PHYSICAL**

 SCHOOLCRAFT, ADRIAN  
 1298984 M DOB: 1975 34Y  
 1628 ALDANA-BERNIER, LILIAN R PSYC  
 ADM: 11/01/2009 130381874 99

P64

Chief Complaint:

They brought me hair

Duration:

Private MD?:

Hx obtained from (if other than patient):

Hx of Present Illness - Must include 4 or more of the following elements

Location (Where is problem)

Severity (Scale 1 - 10)

Associated symptoms (Swelling, Redness)

Modifying factors (Feels better when...)

Duration (How long problem existed)

Timing (When it occurs, how long it lasts)

Context (Hurts when...)

Quality of Pain (Sharp, Dull, Stabbing)

34 y/o Male Brought in by NYD, because they thought he was paranoid and after a day to himself

**REVIEW OF SYSTEMS**

Experienced/Experiencing signs or symptoms?

NO

A ROS is an inventory of ALL body systems obtained through a series of questions to identify signs and/or symptoms which the patient may be experiencing or has experienced.

Constitutional Symptoms (fever, wt. loss, etc.)

Eyes

Ears, Nose, Mouth, Throat

Cardiovascular

Respiratory

Gastrointestinal

Genitourinary

Musculoskeletal

Skin and/or Breasts

Neurological

Psychiatric

Endocrine

Hematologic/Lymphatic

Allergic/Immunologic

Denied

Horn

PRINT NAME  
ROS 16 Form 1472 Revised March '08

SIGNATURE

DATE

11/2/09

1 of 4



**MULTI-SYSTEM EXAMINATION**  
MUST INCLUDE 9 OR MORE OF THE  
FOLLOWING ORGAN SYSTEMS

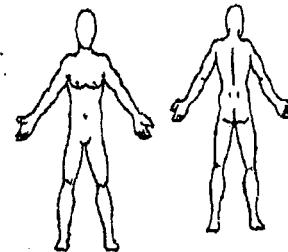
Check "N" if NORMAL or NEGATIVE,  
otherwise Describe Significant or Abnormal Findings

P 66

SCHOOLCRAFT, ADRIAN  
1298984 M DOB: 11/1975 34Y  
ADM: 11/01/2009 1628 130381874 99  
ALDANA-BERNIER, LILIAN R PSYC

## NAME PLATE

Constitutional	BP: <u>124/76</u>	Pulse: <u>93</u>	Temp: <u>99.2</u>	Ht: _____	Wt: _____	Resp: _____	S <sub>o</sub> 2: _____	
Eyes	<u>Well appearing, mildly agitated</u>							
ENT & Mouth	<input type="checkbox"/> N Appearance	<input type="checkbox"/> N Conjuct/Lids	<input type="checkbox"/> N Nose					
	<input type="checkbox"/> N Pupils/Iris	<input type="checkbox"/> N Oropharynx	<input type="checkbox"/> N Dentition					
Neck	<input type="checkbox"/> N Masses	<input type="checkbox"/> N Trachea	<input type="checkbox"/> N Carotids					
	<input type="checkbox"/> N Thyroid	<input type="checkbox"/> N JVPs	<input type="checkbox"/> N Carotids					
Respiratory	<input type="checkbox"/> N Inspection	<input type="checkbox"/> N Percussion	<input type="checkbox"/> N Auscultation					
	<input type="checkbox"/> N Palpation	<input type="checkbox"/> N Heart Size	<input type="checkbox"/> N Thrills					
Cardiovascular	<input type="checkbox"/> N Palpation	<input type="checkbox"/> N Humors	<input type="checkbox"/> N Rubs	<input type="checkbox"/> N Gallops				
	<input type="checkbox"/> N Auscultation	<input type="checkbox"/> N Palpation	<input type="checkbox"/> N Rubs	<input type="checkbox"/> N Gallops				
Extremities	<input type="checkbox"/> N Pulses	<input type="checkbox"/> N Edema	<input type="checkbox"/> N Masses					
Chest - Breasts	<input type="checkbox"/> N Inspection	<input type="checkbox"/> N Masses	<input type="checkbox"/> N Discharge					
	<input type="checkbox"/> N Palpation	<input type="checkbox"/> N Discharge	<input type="checkbox"/> N Masses					
Abdomen	<input type="checkbox"/> N Tenderness	<input type="checkbox"/> N Masses	<input type="checkbox"/> N Bowel Sounds					
Gastrointestinal	<input type="checkbox"/> N Liver	<input type="checkbox"/> N Spleen	<input type="checkbox"/> N Rectal Exam (Stool Guilec)					
	<input type="checkbox"/> N Kidneys	<input type="checkbox"/> N Rectal Exam (Stool Guilec)	<input type="checkbox"/> N Bowel Sounds					
Genitourinary	<input type="checkbox"/> N Pelvic (If Indicated) Cervix	<input type="checkbox"/> N Uterus	<input type="checkbox"/> N Adnexa					
Female	<input type="checkbox"/> N Discharge	<input type="checkbox"/> N Uterus	<input type="checkbox"/> N Adnexa					
Male	<input type="checkbox"/> N Prostate (If Indicated)	<input type="checkbox"/> N Uterus	<input type="checkbox"/> N Adnexa					
Skin	<input type="checkbox"/> N Inspection	<input type="checkbox"/> N Rash	<input type="checkbox"/> N Lesions					
	<input type="checkbox"/> N Palpation	<input type="checkbox"/> N Rash	<input type="checkbox"/> N Lesions					
Lymphatic	<input type="checkbox"/> N Neck	<input type="checkbox"/> N Axillae	<input type="checkbox"/> N Other					
	<input type="checkbox"/> N Groin	<input type="checkbox"/> N Axillae	<input type="checkbox"/> N Other					
Musculoskeletal	<input type="checkbox"/> N P.R.O.M.	<input type="checkbox"/> N Nails	<input type="checkbox"/> N Other					
	<input type="checkbox"/> N Gait	<input type="checkbox"/> N Nails	<input type="checkbox"/> N Other					
Psychiatric	<input type="checkbox"/> N Judgment	<input type="checkbox"/> N Mood & Affect	<input type="checkbox"/> N Other					
	<input type="checkbox"/> N Mental Status A&O X	<input type="checkbox"/> N Mood & Affect	<input type="checkbox"/> N Other					
Neurologic	<input type="checkbox"/> N TDTRs (e.g. Babinski)	<input type="checkbox"/> N Cranial Nerves	<input type="checkbox"/> N Motor					
	<input type="checkbox"/> N Sensory	<input type="checkbox"/> N Motor	<input type="checkbox"/> N Other					



PRINT NAME

SIGNATURE

DATE

3 of 4

LAB X-RAY & EKG RESULTS		WBC: 12.3 <sup>8.10</sup>	RBC:				
Hemoglobin: 14.8	Hematocrit: 44	MCV: 87.6	Platelets: 251				
Diff. - Neutro:	Lymph:	Mono:	Eosin:				
Glucose: 94	Urea Nitrogen: 14	Creatinine: 1	Sodium: 138	Potassium: 4.1	Chloride: 104	CO <sub>2</sub> : 8.6	Calcium: 9.4
Total Protein: 8.2	Albumin: 4.7	B&Bilin: 0.6	Alk Phos: 57	AST: 46	ALT: 57	Anion Gap:	U/A:
INR:	PT:	PTT:	ABG-pH:	CO <sub>2</sub> :	O <sub>2</sub> :	HCO <sub>3</sub> :	HCG: <input checked="" type="checkbox"/> Pos <input type="checkbox"/> Neg
Other: Lip 55, Amy 44 RPR Neg							
EKG:							
CXR:							
CT Scan:	Head CT - Normal						
FINDINGS:	<ul style="list-style-type: none"> <li>- Utkill Male</li> <li>- First psych. incident</li> </ul>						
DIAGNOSIS:							

THERAPEUTIC PLAN:

- Continue Current Psych Treat
- Patient is medically cleared to be admitted to psych. Floor

Resident (PRINT): Horn SIGNATURE Horn BEEPER 2953 DATE 11/2/15 TIME 11:45  
 ATTENDING'S IMPRESSION:  I saw and evaluated the patient.  I reviewed the resident's findings.

RELEVANT HPI:

RELEVANT PHYSICAL EXAM:

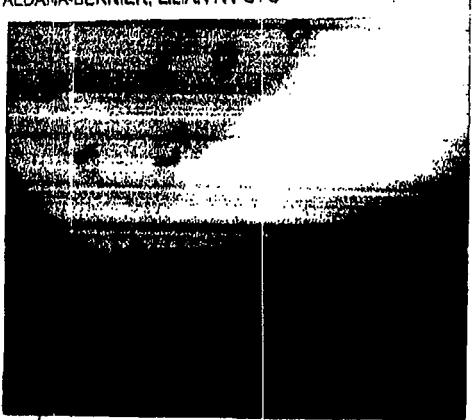
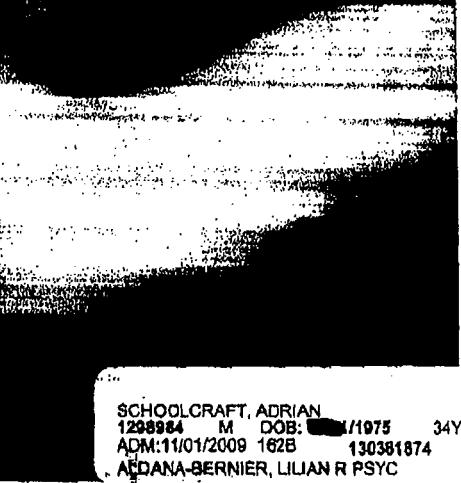
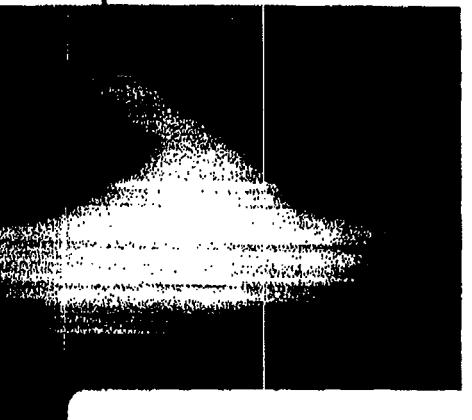
DIAGNOSIS/PLAN:  I agree with the resident's note above

ATTENDING (PRINT):  SIGNATURE  BEEPER  DATE  TIME   
 4 of 4

P 68

JAMAICA HOSPITAL  
MEDICAL CENTER  
8000 VAN WYCK EXPWY.  
JAMAICA, N.Y. 11418

PROGRESS NOTES

Date	Start	Start RN and all
SCHOOLCRAFT, ADRIAN 1298984 M DOB: 11/1/1975 34Y ADM:11/01/2009 1628 130381874 99 ALDANA-BERNIER, LILIAN R PSYC		
		

SCHOOLCRAFT, ADRIAN  
1298984 M DOB: 11/1/1975 34Y  
ADM:11/01/2009 1628 130381874 99  
ALDANA-BERNIER, LILIAN R PSYC

SCHOOLCRAFT, ADRIAN  
1298984 M DOB: 11/1/1975 34Y  
ADM:11/01/2009 1628 130381874 99  
ALDANA-BERNIER, LILIAN R PSYC

SCHOOLCRAFT, ADRIAN  
1298984 M DOB: 11/1/1975 34Y  
ADM:11/01/2009 1628 130381874 99  
ALDANA-BERNIER, LILIAN R PSYC

11/1/09 - left wrist

11/2/09 Right arm  
At shoulder height

Left wrist Middlemed  
Posterior & anterior

Left arm - bruise

Spur 624 PULS



Department of Psychiatry  
Inpatient Division

P69

SCHOOLCRAFT, ADRIAN  
M/R: 1298984 PT# 130381874  
DOB: 12/1975 34Y M F/C: 19 S  
ADM: 11/03/2009 15:00 03MH9HAL 01  
HOVANESIAN, SHUSHAN

### PSYCHOSOCIAL ASSESSMENT

#### DEMOGRAPHICS

Age: 34 Sex: M Marital Status: S Race: Caucasian Religion: orthodox

Address: 82-60 88th Pl. Ridgewood, N.Y. 11385

Telephone: (718) 570-6224 Country Of Birth: U.S.

Education: Some college Language: English Occupation: police officer

Social Security #: [REDACTED] 6997 Income Source: employed

Insurance: Metro US Healthcare Number: BBM6PRBA

Veteran's Benefits: Yes Immigration Information: citizen

Problems Precipitant To Current Admission: Pt. was RTB EMS/NYU after his colleagues and supervisor at the NYRPD became concerned about his behavior.

Past Psychiatric History/Hospitalization: No known hx.

Outpatient Treatment (name & telephone #) None.

Outpatient Therapist (contact, date & time) None.

P70

SCHOOLCRAFT, ADRIAN  
M/R: 1298984 PT#: 130381874  
DOB: 11/19/1975 34Y M F/C: 19 S  
ADM: 11/03/2008 15:00 03MH9HAL 01  
HOVANESIAN, SHUSHAN

Family Psychiatric History: None - pt. / family deny.

Substance Abuse History/Treatment: None Known

History Of Violence: None.

History Of Abuse: Pt. denies any hx.

ACS Involvement/Worker & Telephone: No ACS involvement.

PSA Involvement/Worker & Telephone: No PSA involvement.

Work History: Pt. has been a NYC Police Officer for the past 7 yrs. and worked for Mo. Rota before that. He was in the Navy.

Legal History: None.

Living Situation: Pt. lives alone in an apt. in Glendale.

Developmental History: Pt. was born and raised in Texas. Completed H.S. went to join the Navy where he served 4 yrs. Pt. then went to college, went to work for Motorola and then moved to NJ and joined the NYPD. Never married no children.

P71

SCHOOLCRAFT, ADRIAN  
 M/R: 1298984 PT#: 130381874  
 DOB: 12/1975 34Y M F/C: 18 S  
 ADM: 11/03/2008 15:00 03MH 9HAL 01  
 HOVANESIAN, SHUSHAN

## Name Of Person Living With Or Involved With Patient

Name Larry Schoolcraft Relationship Father Telephone # (646)957-2486

Support System/Relationship History: Pt.'s father is supportive.

Is Religion A Source Of Strength For Patient? NO

Does Patient Wish To See A Clergy? Yes        No         
 If Yes, Date And To Whom Referral Was Made \_\_\_\_\_

Recent Level Of Functioning Pt. Came to the PFD@ error hospital 15y EMS/10 PFD after his colleagues and supervisor became concerned about his behavior.  
 Strengths: Domiciled, Employed, Insured, supportive father.  
 Weaknesses: \_\_\_\_\_

Assessment: Pt. is a 34 year old Caucasian male w/ no known psych hx. who was 15y EMS and 10y PFD after his colleagues and supervisor became concerned about his behavior. Pt. is a 7-yr. Officer of the PFD and believes that he knows of a "cover up" that is going on within the dept. He lives alone, but has a supportive father. During the interview pt. was calm, pleasant and cooperative. He denied any psych. symptoms, sp for all other hallucinations.

P72

SCHOOLCRAFT, ADRIAN  
 M/R: 1298984 PT#: 130381874  
 DOB: 12/25/1975 34Y M F/C: 19 S  
 ADM: 11/03/2009 15:00 03MM 8HAL 01  
 HOVANESIAN, SHUSHAN

Short Term Goals:

Pt. will be ready for d/c.

Long Term Goals:

Pt. will remain stable in the community.

Initial Discharge Plan:

Pt. will return home.

Patient Participation/Agreement With Plan:

Pt. feels that he is not in need of a psychiatric admission at this time, but wants to go home.

Family/Significant Other Contact Person:

Name:

Address:

Telephone #:

(See pg 3)

Is Above Person Willing To Be Involved In Treatment And Discharge Planning?

Yes

NO

Additional Information:

Nae @ present.

Date

Print Name

Signature

Title

Christine McMahon, LSW  
 Social Worker

Christine McMahon  
 LSW

(page 4)



## DEPARTMENT OF PSYCHIATRY

P73

SCHOOLCRAFT, ADRIAN  
1298984 M DOB: 1975 34Y  
ADM:11/01/2009 1828 130381874 99  
ALDANA-BERNIER, LILIAN R PSYC

# **MEDICATION RECONCILIATION FORM**

**LIST ALL MEDICATIONS (PSYCHOTROPIC, NON-PSYCHOTROPIC, OVER-THE-COUNTER, OTHER).**

## Reconciliation on Admission to Emergency Department

*Signature of ER Physician:*

**Khwaja Khusro Tariq, MD**  
DEA #AT0798061-736

#### Reconciliation on Admission to Inpatient Unit

*Signature of Inpatient Physician:*

C:\Documents and Settings\Bogdan\Local Desktop\WORK\YAHOO\Autodesk\Autodesk\Autodesk.doc

Revised (10/97), CL/03 (1/04)

P74

JAMAICA HOSPITAL  
MEDICAL CENTER

## PSYCHIATRIC EVALUATION

 ER    INPATIENT    CLINIC

DATE: 11/11/09

TIME: 11 P.M.

 SCHOOLCRAFT, ADRIAN  
 1298884 M DOB: 1/1975 34Y  
 ADM: 11/01/2009 1628 130381874 98  
 ALDANA-BERNIER, LILIAN R PSYC

## IDENTIFYING DATA:

Age: 34	Sex: M	Sexual Orientation:	Race: Caucasian
Marital Status: S	Religion:	Legal Status:	

ALERTS: (List risk factors including danger to self/others, CVL status, physical health conditions/needs, allergies.)

Source of Information:

Patient

Tel:

Tel:

CHIEF COMPLAINTS: (by patient and/or others)

They just came into my place and handcuffed me. As per accompanying NYPD officer (Sgt James or per ER comment) he has been acting bizarre.

HISTORY OF PRESENT ILLNESS: (mentioning before onset, precipitating factors, interventions tried)

The patient states that he has been reporting irregularities at work to Internal Affairs for over a year. He states that his supervisor, including his immediate supervisor, the Deputy Inspector at 81<sup>st</sup> Precinct, have been under-reporting crime stats to earn more merit, get promotion and 'make a racket'. He reports having documented proof. He states that his supervisor became aware of this which is why he is being persecuted like this. He states that he was woken last night when his landlord let NYPD officers in who 'assaulted' him, including bending his arm, 'stamping lightly' on his face and causing many bruise (bruises are visible on both arms). As per ER comment from earlier today, the accompanying NYPD officer, Sergeant James

cont'd. overleaf -?

of the 81<sup>st</sup> Precinct, the patient became agitated and verbally abusive towards his supervisor. He then left and came back about his condition, several officers followed him home. He barricaded himself in his room and refused to come out so the door had to be broken down. He initially agreed to go with them but once outside he made a run for it and had to be chased and handcuffed. In the medical ED the patient was agitated, verbally abusive and told the treating M.D. that 'they are all against me'.

Patient denies any recent suicidal or homicidal thoughts. He states he has bouts of anxiety and depression over what has been happening but denies persistent depressive symptoms. No recent manic symptoms elicited. No hallucinations elicited. Denies any recent substance use.

P76

SCHOOLCRAFT, ADRIAN  
 128884 M DOB: 01/1975 34Y  
 ADM: 11/01/2009 162B 130381874 99  
 ALDANA-BERNIER, LILIAN R PSYC

## PAST PSYCHIATRIC HISTORY:

First psychiatric symptoms: One year ago he was evaluated by an NYPD  
 Psychiatrist for 'anxiety'. She recommended 'seeing two books' a  
 Hospitalizations: none  yes

Suicide attempts: yes  no

Violence: yes  no

Past medication and response: Denies any past medication use.

Adverse drug reaction: none  yes

Last O.P.D. Visit:	Therapist: N/A	Tel. No.: N/A
--------------------	----------------	---------------

Previous Provider contacted	Yes <input type="checkbox"/> No <input type="checkbox"/> (Explain)	N/A
-----------------------------	--	-----

## DRUG and ALCOHOL HISTORY (Previous treatments and outcome.)

Denies any history of alcohol or other drug abuse.

P77

SCHOOLCRAFT, ADRIAN  
1298984 M DOB: 11/1975 34Y  
ADM:11/01/2009 162B 130381874 98  
ALDANA-BERNIER, LILIAN R PSYC

MEDICAL HISTORY: (Exclude allergies and medications.)

Devin has no significant history of medical problems.

FAMILY HISTORY OF MENTAL ILLNESS: Devin.

BRIEF PSYCHOSOCIAL HISTORY: Born in Bronx. Raised by biological parent. Single, lives alone. Mother died in 2003 after a protracted malignancy. Has two children. Has been working as an NYPD officer for over seven years. His gun was taken from him a year ago after he failed a psychological evaluation.

CURRENT LIVING CONDITION AND SUPPORT SYSTEM: Lives alone in a private apartment. Father is supportive but Devin interacts with close friends.

P78

SCHOOLCRAFT, ADRIAN  
 1298984 M DOB: [REDACTED] 1975 34Y  
 1626 ALDANA-BERNIER, LILIAN R PSYC 99  
 ADM: 11/01/2009 130381874

## MENTAL STATUS:

Appearance and Attitude: Cooperative at this time.

Psychomotor Motor Activity: Normal

Mood and Affect: Damped mood 'angry' affect constricted.

Speech and thought process: Speech regular rhythm and moderate volume.

Thought content: (hallucinations, delusions, etc.) Verbal examples.

Patient has paranoid and persecutory delusions - he believes he is being persecuted for 'pushing his supervisor's illegality and corruption'.

Suicidal Ideation:  yes  no Homicidal Ideation:  yes  no

Hallucinations:  yes  no

ORIENTATION: (time, place, person, situation.) A/o X 3.

MEMORY: (recent, remote, remote.) Intact.

ATTENTION AND CONCENTRATION: (serial sevens) Intact.

ABSTRACTION: (analogies, similarities.) Intact.

ESTIMATE OF INTELLECTUAL FUNCTIONING: Average

INSIGHT and JUDGMENT: Poor insight and judgment.

P79

SCHOOLCRAFT, ADRIAN  
 1298984 M DOB: 11/1975 34Y  
 ADM:11/01/2008 1628 130881874 89  
 ALDANA-BERNIER, LIUAN R PSYC

M.M.S.E SCORE: N/A

BARS SCORE: 1 2 3 4 5 6 7

ABNORMAL MOVEMENTS:  YES  NO (If "Yes" please fill out AIMS Form.)

DIAGNOSIS:

AXIS I: Psychosis Nos -

PCo Schizophrenia, paranoid type

AXIS II: depressed

AXIS III: Abdominal pain, NOS

AXIS IV: Conflicts at work; duty frequently taken away at work

AXIS V: Current: 30 Highest in past 12 months: 45

PROGNOSIS: poor

INITIAL TREATMENT PLAN:

PROBLEM # 1: Paranoid delusions

OBJECTIVE: Reduce / Eliminate delusions

PLAN: Indicate medication, if any:

PROBLEM # 2:

OBJECTIVE:

PLAN: Indicate medication, if any:

DISPOSITION: Hold and Stabilize

Psychiatrist's Name: Khweje Khugro Teriq, MD Signature: Khweje Teriq  
 DEA # ATO798061-736

P80

## COURSE OF TREATMENT

LAB(S) ORDERED:

One comp Ativan 5mg The Ph

ABNORMAL VALUES:

none

MEDICATION GIVEN and RESPONSE:

No meds

SIDE EFFECTS/ADVERSE DRUG REACTIONS:

URGENT PARTICIPATION IN:

a) Individual Sessions:	1	2	(3)	4	5
b) Group Therapy:	1	2	(3)	4	5
c) Creative Arts Therapy:	1	2	(3)	4	5
d) Leisure Activities:	1	2	(3)	4	5

FAMILY INVOLVEMENT:

Fekun (spouse)

CONDITION UPON DISCHARGE (Brief Mental Status)

Total stable

MEDICATION(S):

No meds

Supplied for

days

FOLLOW-UP APPOINTMENT:

Behavioral &amp; the 8th

FUTURE RESIDENCE:

none

Name:

Isak Isakov M.D.

Signature:

Date:

1622033DEA7204190

NEW YORK

MEDICAL CENTER

seq 665 1

87

200/11  
seq 665  
MEDICAL CENTER

NEW YORK

P83



SCHOOLCRAFT, ADRIAN  
1298984 M DOB: 1975 34Y  
ADM:11/01/2009 162B 130381874 88  
ALDANA-BERNIER, LILIAN R P3YC

## MEDICATION RECORD

25813

## DIAGNOSIS

Psychosis Nos

## ALLERGIES

~~NEADA~~

P84



**JAMAICA HOSPITAL  
MEDICAL CENTER**  
8000 Van Wyck Expressway, Jamaica, NY 11416 • 718/430-4400

## **MEDICATION RECORD**

PRN MEDICATIONS CHART VERTICALLY NEXT TO THE MEDICATION  
DATE TIME INITIALS FOR EACH DOSE GIVEN

SCHOOLCRAFT, ADRIAN  
1298984 M DOB: 1976 34Y  
ADM:11/01/2008 1628 130381874 09  
ALDANA-BERNIER, LILIAN R-PSYC

ORDER DATE	EXP. DATE	MEDICATION/DOSE FREQUENCY/ROUTE	DOSAGE		
			Date	Time	Initials
11/1/09	11/10	Haldol 5 mg IM Qches p.r.n. for agitation.			
11/1/09	11/17	Butaper 2 mg IM Qches p.r.n. for agitation			
			Date		
			Time		
			Init.		
			Date		
			Time		
			Init.		
			Date		
			Time		
			Init.		

**STAT, SINGLE ORDERS - PRE-OPERATIVES**

ORDER DATE	MEDICATION	DOSE/STRENGTH	ROUTE	FREQUENCY	DURATION	INSTRUCTIONS	
						INITIALS	REMARKS

**OMITTED / HELD MEDICATIONS**

DATE	TIME	DRUG	ROUTE	AMOUNT	REFUSED
10/2 5h		Risperidol	o.syr at Cph	100 mg	pt refused - MD waded -
10/3 7p		Risperidol	o.syr at m.	100 mg	pt refused
10/3 7p		Risperidol	o.syr	0.5 mg	pt refused
10/4 7a		Risperidol	o.syr	0.5 mg	pt refused
10/5 9a		Risperidol	o.syr PO AM	0.5 mg	pt refused

On 10/10/00, I saw 8 of them in a  
row. Most were on all 3 species.  
MS Marvin Bartram

P85

Jamaica Hospital Medical Center  
 PATIENT/FAMILY TEACHING RECORD  
 Multi-disciplinary - Inpatient Adults

SCHOOLCRAFT, ADRIAN  
 1298984 M DOB: 1/19/75 34Y  
 ADM: 11/01/2009 162B 130381874 98  
 ALDANA-BERNIER, LILIAN R PSYC

Factors/barriers that may influence patient's ability, needs and readiness for learning:

- None
- Hearing/vision/speaking impairment
- Cognitive/physical limitations
- Cognitive/physical limitations
- Language barriers
- Psychological/emotional factors
- Religious/spiritual practices
- Motivation

Person involved in teaching:  Patient  Patient & family  Significant other  Family & caregivers

Topics	Date Initiated/ Initial	Patient/caregiver will verbalize/demonstrate understanding of:	Teaching Method	Reinforced			Education material provided
				Evaluation	Date	Initial	
General Patient Education	11/1/09	Reason for admission	1	✓	11/6	SP	<input type="checkbox"/> Handout/ pamphlet
		Hospital & unit policies/Routine					
		Patient rights & responsibilities					
		Advance directives					
		Pain management					
		Hospital resources available to patient					
		Hygiene & grooming					
		Safety					
		Religious/Spiritual services avail.					
	11/1/09	WIC/SC Charge Planning	1	✓	11/6	SP	<input type="checkbox"/> Handout/ pamphlet
Special Procedure/ Diagnostic Test							<input type="checkbox"/> Handout/ pamphlet
Medical Equipment							<input type="checkbox"/> Handout/ pamphlet
Health Information		Mammogram/Breast self exam					<input type="checkbox"/> Glucometer & Diabetic kit
		PAP Test					<input type="checkbox"/> Asthma kit
		Prostate screening/testicular self exam					<input type="checkbox"/> Handout/ pamphlet
		Smoking cessation					
		Pneumococcal/Hib Vaccine					

Initial	Signature	Date	Initial	Signature	Date
SP	Christine M. P.	11/6/09	SP	Christine M. P.	11/6/09



*Jamaica Hospital Medical Center*  
**PATIENT/FAMILY TEACHING RECORD**  
**Multidisciplinary -- Inpatient Adults**

SCHOOLCRAFT, ADRIAN  
1298984 M DOB: 10/1975 34Y  
ADM:11/01/2008 162B 130381874 99  
ALDANA-BERNIER, LILIAN R PSYC

### Evaluation

- A. Identifies key points
- B. Verbalizes understanding
- C. Returns demonstration
- D. Performs skill independently
- E. Applies knowledge
- F. No evidence of learning
- G. Medication Effectiveness

\* See progress notes.

### Teaching Methods

1. Explanation
2. Demonstration
3. Role play
4. Audiovisual
5. Handout
6. Group discussion

P87

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JAMAICA, N.Y. 11418

SCHOOLCRAFT, ADRIAN  
1288984 M DOB: 07/1975 34Y  
182B ALDANA-BERNIER, LILIAN R PSYC  
ADM: 11/01/2009 130381874 89

## PROGRESS NOTES

Date & Time	Start MD Notes Here	Start RN and all Other Notes Here
11/02/09 2:15 PM	11/02/09 PGH 2 note	
		<p>pt. seen and examined by pl. receiving calm, withdrawn. Not at violent or aggressive. pt. is guarded and not cooperative. pt. keeps saying that he doesn't know why they came to his room and forced him to go to hospital. pt. doesn't know why he can't carry the gun saying that "they (his supervisor) are at him" but he says "I don't know" He denies D/V hallucinations A/P Admit</p> <p>Ruth</p> <p>RENTA DUZICZ-SLOWIK, MD PSYCHIATRIC RESIDENT</p> <p>11/2/09 3<sup>rd</sup> P.M. pt. still complaining of pain in areas RL wrist, Ratis was numb in 3 hours yesterday. Denies noted in 2 times since of 'numb' &amp; minimus area of back. Other aspect of arm: both wrists, with red marks &amp; believe this to be set up, &amp; would like a lawyer. Internal affairs would like to interview him &amp; he agrees. Most areas also very gris knots, bone want to go home. Have 2 hours</p>

SEQ 624 F0127

LILIAN ALDANA-BERNIER, M.D.  
ATTENDING PSYCHIATRIST

ALL SERVICES



Tel.: (718) 840-2538  
(718) 840-2539

Log #

*Sgt. Brennan*  
*Sgt. Frost*

SCHOOLCRAFT, ADRIAN  
1298984 M DOB: 11/19/1975 34Y  
162B ALDANA-BERNIER, LILIAN R PSYC  
ADM: 11/01/2009 130381874 99

P88

Internal Affairs Bureau  
Brooklyn North  
Group 31

315 Hudson Street  
New York, New York 10013

Time

Here

Here

*PGY 2 Note*

11-02-09 Pt has been interviewed by  
5:00PM Sgt Brennan and Sgt Frost by  
Internal Affairs Bureau

*JY*  
Javadie Yazdani, MD  
Psychiatric Resident

11/02/09 MRO note:

9:30pm Patient has been seen and interviewed by  
Detective Steven P. Wachter and Sgt. Scott  
from Internal Affairs Bureau.

*Shushan Movassan, MD*

**NYPD**

Steven P. Wachter  
Detective

*Sgt. Scott*

Internal Affairs Bureau  
Special Investigations Unit  
1 Police Plaza 12th Floor  
New York, NY 10038

Tel.: (800) PRICE PD  
Fax: (212) 748-8900  
E-mail: IAB-SIU@verizon.net

*Shushan Movassan, MD*  
Psychiatry Attending

11/11/09

Pt has not expressed interest in participating  
in CAT groups despite being approached and  
encouraged.

*Gabriela*  
GABRIELA PORZAS  
MA, CAT-Limited Unit


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**PROGRESS NOTE**

P89

SCHOOLCRAFT, ADRIAN  
 M/R: 1298984 PT#: 130381874  
 DOB: 11/19/1975 34Y M F/C: 19 S  
 ADM: 11/03/2009 16:30 03MH 0 HAL 01  
 HOVANESIAN, SHUSHAN

**Case Management Initial Assessment Note****Summary of Admitting Problems:**

32 yr old male w/ a B13 MOP of 81st precinct, in handcuffs  
 two days ago and was taken to my office. abdominal pain, transferred  
 to my office. Abnormal about his supervisor, argument  
 with his supervisor. towards the supervisor. left work place &  
 barricaded himself in his car

**Support System:** Towards the supervisor. left work place &  
 barricaded himself in his car

Name: Relationship: Phone #: far away from home

Name: Larry, Schoolcraft Relationship: father Phone #: it's fine

Name: Relationship: Phone #: police had

**Functional ADLs:** independent ADLs. To chase him  
 & handcuffed on him

**Prior to Admission:** independent ADLs

**At Present:** independent ADLs

**Communication:**

Language Spoken: English Interpreter Needed:  Yes  No

Hearing Loss:  Yes  No

**Financial Resources:**

Insurance Coverage: Aetna (ns health care) Policy #: B13MOPBPA

Additional Resources: Initial Review provided to Dano of  
 Aetna (P1-804-424-404). The case is authorized in A+

**Health Care Prior to Admission:** 086654380000. The case is certified

Home Care:  Yes  No from 11/3/09 through 11/6/09

Name of Agency: *Initial Review will be on the 1st day of* Number of Days/Week: Hours/Day:

SNF:  Yes  No Aetna (P1-804-424-0208  
 #57026. The case will be

Name of SNF: Does patient want to return:  Yes  No

Is there a need for a skilled nursing facility or home health care:  Yes  No followed.

Case Manager: *Adrian R. Kim* Date/Time: *11/3/09*



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PROGRESS NOTES

SCHOOLCRAFT, ADRIAN  
PT#: 130381874  
MR: 1298984 F/C: 18 S  
DOB: 12/12/1975 34Y M 03MH9HAL-01  
ADM: 11/03/2009 15:00  
HOVANESIAN, SHUSHAN

P90

298984

Date & Time	Start MD Notes Here	Start RN and all Other Notes Here
11/3/09		<p><b>Focus:</b> Admission Assessment.</p> <p><b>Data:</b> 34 yo, L. m. Dx Psychosis NOS, transferred from M/E → PER P Tx for Abd discomfort after taking Nyquil. Police officer who had an argument with his s/virn. Went home and barricaded himself in his apt. Suspicious, guarded and paranoid his s/virrs are after him. Failed his psych Assessment for NYPD.</p> <p><b>Action:</b> Orientated to the unit. Assessed for pain or discomfort. Answered questions regarding hospitalization.</p> <p><b>Response:</b> Calm Co-operative. Denies M/E or S/I. Reports he should not be hospitalized during 4- pain or discomfort. Asking to vote today. Will inform m.d. <i>Theresa Bender, RN</i></p> <p><b>Social Work Admission Note:</b> Met c pt. this afternoon for initial psychosocial assessment. Pt. is a 34 year old Caucasian male c no known psych. hs. Who, was BIB NIPD to the M/E after his precinct (81st)</p>
11/3/09 4:35 p.m.		

P91



**JAMAICA HOSPITAL  
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JAMAICA N.Y. 11418

## **PROGRESS NOTES**

SCHOOLCRAFT, ADRIAN  
M/R: 1298984 PT#: 130381874  
DOB: 11/1975 34Y M F/C: 19 S  
ADM: 11/03/2009 15:00 03MH9HAL 01  
HOVANESIAN, SHUSHAN

Date & Time	Start MD Notes Here	Start RN and all Other Notes Here
11/3/89 4:35 pm		<p>Social Work Admission Note</p> <p>Pt. is Brooklyn W apparently contacted EMT concern about his behavior. Pt. is a police officer for the past 7 years to NYPD. He is insured and lives on his own in an apt. in Queens. He reports that his father, who lives upstate, is his only family here. He is good and cooperative during the interview - pleasant and appropriate. He is having dual psych. bx. (psych. problems and believes that he is not here for reasons - that now that the NYPD has come to know what he knows about his brother-up, they are trying to stem him from having a mental illness. Pt. no longer has access to his gun and reports that he was placed</p>



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SCHOOLCRAFT, ADRIAN  
M/R: 1298984 PT#: 130381874  
DOB: 07/1975 34Y M F/C: 10 S  
ADM: 11/03/2009 15:00 03MH9HAL 01  
HOVANESIAN, SHUSHAN

P92

## PROGRESS NOTES

Date & Time	Start MD Notes Here	Start RN and all Other Notes Here
1/3/99 1:35 p.m.		<p>Social work Admision note an "Admire" duty for the past 6 mos. when asked what he will do if he has lost his job, he says he plans to return to Texas, his home state, and start over there. pt. denied feeling angry or denied any anxiety or major sx. Review of ST, HI or HIV Mother hallucination @ present. PW contacts pt's Father (Larry Schindler (616) 957-6486) who reports that pt. has no psych. wt. He believes his son 100% and said he will be coming to meet T Upst Tx. team tomorrow</p> <p>Christine McMahon, LMSW Psychiatrist, Social Worker</p> <p>Christine McMahon LMSW</p>



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JAMAICA, N.Y. 11418

## PROGRESS NOTES

SCHOOLCRAFT, ADRIAN  
M/R: 1298984 PTA: 130381874  
DOB: 10/1975 34Y M F/C: 19 S  
ADM: 11/03/2009 15:00 03MH9HAL01  
HOVANESIAN, SHUSHAN

Date & Time	Start MD Notes Here ←	Start RN and all Other Notes Here ←
11/3/09 9:50pm		<p><b>Focus:</b> Altered Thought Process.</p> <p><b>Data:</b> Patient is visible on the unit, he is guarded, suspicious and socially withdrawn. Pt. refused outdated medication, he denies SI/HI or hallucination.</p> <p><b>Action:</b> Monitored Pt's behavioral pattern, encouraged verbalization of thoughts and feelings and provided positive feedback. Reinforced the importance of medication compliance, attended to pt's. needs and maintained a safe, structured environment.</p> <p><b>Response:</b> Pt. remains guarded, he verbalizes his needs appropriately. Will continue to monitor behavior — (Signed by RN)</p>
11/4/09		<p><b>Focus:</b> Altered thought process.</p> <p><b>S:</b> Pt. was in bed already asleep at shift change, he has slept since that time, in no acute distress.</p> <p><b>A:</b> Monitored through the night for any mood behavior change, sleep pattern, after support as needed, encourage verbalization of thoughts, honest feelings, provided structured therapeutic environment, continued reality testing, ensure safety.</p> <p><b>R:</b> Pt. is in bed still asleep at time of reporting, will continue to monitor. — Phillips (RN)</p>



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## PROGRESS NOTES

SCHOOLCRAFT, ADRIAN  
1298984 M DOB: 10/1975 34Y F/C: 19 S  
ADM: 11/03/2009 15:00 03MH 9HAL 01 130381874  
HOVANESIAN, SHUSHAN

Date & Time	Start MD Notes Here	Start RN and all Other Notes Here
11/4/09 8pm	<p>Psychiatrist and nursing note</p> <p>Pt is a 34 yo. w. single male Police officer without past psychiatric history not on any psychotropic meds No current or previous history of drug or alcohol abuse He stated that he is working in police department for ~ 8 years and from the beginning of his career he was not "happy" with "how the process was "run" and was making multiple complaints that was not "addressed" Last time he was "dealt with" emotionally "unstable" and his gun was taken away from him ~ 8 mos ago after psychiatric evaluation by police psychiatrist. Since then he started to collect the "evidence" to "prove his point" and became suspicious that "they are after him" On the day of admission he had verbal altercation with one of the officers who was "threatening" him and he left his job before his shift was over with excuse that he is not feeling well</p>	



## PROGRESS NOTES

P95

SCHOOLCRAFT, ADRIAN  
1298984 M DOB: [REDACTED] /1975 34Y F/C: 19 S  
ADM: 11/03/2009 15:00 03MH 9HAL 01 130381874  
HOVANESIAN, SHUSHAN

Date & Time	Start MD Notes Here	Start RN and all Other Notes Here
(Cont)		
11/4/09 2pm		<p>He came home from 'Night Squirt' and fall asleep. He was woken up by police officers in his b/r room and was asked to come with them to precinct after he refused to go voluntarily and complain on stomach pain and t/t pt was handcuffed and brought to ER of JHMC by EMS. He was evaluated by ER attendants and psychiatrist and after medical clearance transferred to YER with ? Psychosis NOS Admitted to 43 on 11/3/09 for further evaluation</p> <p>On evaluation today pt appears, further guarded, docile, tending to be t/t and restless. He denied t/t and denied V/H/R experiencing ? paranoid quality. Pt does not complain and covers up in precinct Cognition and memory intact X and I trusted</p> <p>Re Psychosis NOS</p> <p>Up Admittance Day 5</p> <p>angry</p>

Not all forms selected  
Information

SK Isakov M.D.  
20362DEA7204198

FORM NO. J00004



**JAMAICA HOSPITAL  
MEDICAL CENTER**  
8600 Van Wyck Expressway, Jamaica, NY 11418

## PROGRESS NOTES

SCHOOLCRAFT, ADRIAN  
1288984 M DOB: 12/1975 34Y F/C: 19 S  
ADM: 11/03/2009 15:00 03MH 9HAL 01 130381874  
HOVANESIAN, SHUSHAN

pg 6

Date & Time	Start MD Notes Here	Start RN and all Other Notes Here
11/4/09 1 PM		Focus: Alt thought Process Data: Observed pt in his room lying over his bed writing. Pt keeps mostly to himself. Minimal interaction with staff or peers. Refused morning medication of lisiodipine 0.5 mg. Continues to be be guarded & suspicious. Denies affects or STI. — Action: Maintained in a calm rate and therapeutic environment. Encouraged pt to attend unit groups and activities. Assisted for concerns. — Response: Refuses group- no elaboration on why. Withdrawn yesterday. Will continue to monitor. Therapeutic intervention 11/4/09 10:30 PM
		1: Altered Thought Process 2: Pt is seen on the unit. He is mostly guarded and interacts poorly unless prompted or engaged by staff. He continues to refuse his PO med. States: "I don't take medications." — A: Benefits and side effect of the medications explained to pt. Encouraged expression of thoughts and concerns. B: Calm and responsive. — 2 Antipsychotic

P97



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## PROGRESS NOTES

SCHOOLCRAFT, ADRIAN  
1298984 M DOB: 1/1/1975 34Y F/C: 19 S  
ADM: 11/03/2009 15:00 03MH 9HAL 01 130381874  
HOVANESIAN, SHUSHAN

Date & Time	Start MD Notes Here	Start RN and all Other Notes Here
11/5/09 12:50 pm		Focus. - Pt's altered thought process. Data. - Pt is more cooperative and less guarded at this time. He agreed to talk to me for several minutes. He refused morning meds, but is interacting with staff and peers more frequently. No major physical or emotional distress is noted on him. He continues writing in a little notebook. Options. - Pt encouraged to express feelings and concerns, and also take meds. Pt needs fulfilled. Response. - Pt is more interactive and cooperative, but remains refusal in regard to meds.
		<i>QM/09</i>

11/5/09

Psychiatrist note

Upon Pt is calm and more cooperative today. Dressed appropriately, groomed. Able to communicate appropriately. Maintained his strong grip and still wanted to use legs, a few against his person but not expressing any physical threats to any body. Not extemious. *SC*

FORM NO. J00004



**JAMAICA HOSPITAL  
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1999 Van Wyck Expressway, Jamaica, NY 11419

## PROGRESS NOTES

P 98

SCHOOLCRAFT, ADRIAN  
1298984 M DOB: 07/1975 34Y F/C: 19 S  
ADM: 11/03/2009 16:00 03MH 9HAL 01 130381874  
HOVANESIAN, SHUSHAN

Date & Time	Start MD Notes Here	Start RN and all Other Notes Here
(cont) 3pm 11/5/09	<p>Denial VR / AM Not facing any psychiatric needs and not exhibiting psychotic behavior or thoughts</p> <p>He met w/ MSL and requested to be else. Pt refused to give permission to speak with psychiatrist who enriched him in 4/2009 but was able to provide the nature of his interaction with psychiatrist</p> <p>He was opened to go to psychiatrist and educate himself regarding stress tolerance. Pt has an intent to see psychiatrist and provided with the name of psychiatrist that he would go to see and plan to contact psychiatrist regarding opportunity and worse over D/c</p>	<p>Not facing any psychiatric needs and not exhibiting psychotic behavior or thoughts</p>

Isak Isakov M.D.  
220352DEA7204198

FORM NO. J00004



**JAMAICA HOSPITAL  
MEDICAL CENTER**  
6500 Van Wyck Expressway Jamaica, NY 11416

**PROGRESS NOTES**

P99

SCHOOLCRAFT, ADRIAN  
1298984 M DOB: [REDACTED] 1975 34Y F/C: 19 S  
ADM: 11/03/2009 15:00 03MH 9HAL 01 130381874  
HOVANESIAN, SHUSHAN

Date & Time	Start MD Notes Here	Start RN and all Other Notes Here
11/06/09 5:15 AM		<p>④ Altered Thought Process</p> <p>⑤ Pt. is calm, sitting at the lounge. Has been awake since early today. On hourly obs for safety, reported no GI pain / discomfort</p> <p>⑥ Assessed Pt. as needed. Provided emotional support. Advised to call for help as needed. Maintained Safety and therapeutic relations. Made hourly rounds and monitored Pt. for behavior changes</p> <p>⑦ Pt. remains calm, awake, sitting at lounge. Will continue to monitor. Olyn Ross</p>
11/06/09 10am		<p>Reevaluation w/ Pt.</p> <p>Pt. compliant to rules in the unit. He is eating.</p> <p>Not in emotional distress.</p> <p>Not suicidal now.</p> <p>Very appropriate in interaction.</p> <p>Revised SS/HL. Revised VH/HR.</p> <p>Not expressing framework, ideas, and not making any threats.</p> <p>Will be off today after appointment with Psychiatrist</p>
		<p>Isak Isakov M.D. LIC220352DEA7204198</p> <p><i>[Handwritten Signature]</i></p>
		FORM NO. J00004

P100

SCHOOLCRAFT, ADRIAN

MRN: J1298984